

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N33513

FILED  
Feb 13, 2009  
Secretary of State

**Entity Name:** TAMPA DOWNTOWN LIONS FOUNDATION, INC.

**Current Principal Place of Business:**

1106 W. PLATT ST.  
TAMPA, FL 33606 US

**New Principal Place of Business:**

**Current Mailing Address:**

1106 W. PLATT ST.  
TAMPA, FL 33606 US

**New Mailing Address:**

**FEI Number:** 59-2968901

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

OLSTROM, CLIFF E  
1106 W. PLATT ST.  
TAMPA, FL 33606 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: LABRUZZO, PETE  
Address: 17303 LYNNDAN DR.  
City-St-Zip: TAMPA, FL 33548 US

Title: T ( ) Delete  
Name: OLSTROM, CLIFF E  
Address: 1106 W. PLATT ST.  
City-St-Zip: TAMPA, FL 33606 US

Title: S ( ) Delete  
Name: STEFAN, JAMES  
Address: 2601 SOUTH DUNDEE ST.  
City-St-Zip: TAMPA, FL 33629

Title: D ( ) Delete  
Name: ELLINGTON, PAT  
Address: 2912 BEAGLE PLACE  
City-St-Zip: SEFFNER, FL 33584

Title: D (X) Delete  
Name: DESILET, AL  
Address: 5009 SPRINGLAKE DR.  
City-St-Zip: TAMPA, FL 33629 US

Title: D (X) Delete  
Name: MARSHBURN, JOE  
Address: 606 SEABREEZE COURT  
City-St-Zip: TAMPA, FL 33602

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: FRIEDMAN, STEVE  
Address: 15901 N. FLORIDA AVE  
City-St-Zip: LUTZ, FL 33549 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: STEFAN, JAMES  
Address: 2601 SOUTH DUNDEE ST.  
City-St-Zip: TAMPA, FL 33629 US

Title: VP (X) Change ( ) Addition  
Name: LOMBARDI, JO  
Address: 17108 CARRINGTON PARK DR. UNIT 702  
City-St-Zip: TAMPA, FL 33647 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: C.E. OLSTROM

T

02/13/2009

Electronic Signature of Signing Officer or Director

Date